

California High School Proficiency Examination (CHSPE) Contact Designation Form for 2014–15

(New passwords are issued October 1 of each school year.)

Send this document by mail, fax, or e-mail (one completed form per local educational agency) to:

Attn: CHSPE Program Administrator Educational Data Systems 15850 Concord Circle, Suite A

Morgan Hill, CA 95037 Phone: 408-776-7646 Fax: 408-776-7696

E-mail: Sharon@eddata.com

All fields must be completed to receive your secure logon information.

School District/Independent	Charter School:						
County-District Code: (2-5 d	ounty-District Code: (2-5 digits)			dependent Charter Code: (4 digits)			
District Superintendent/Charter School Administrator Name:							
Address:							
City:				State:		Zip:	
E-mail Address:							
Phone:	Ext:		Fax:				
Superintendent's/Charter School Administrator's Signature: Date:							
I designate the following employee as the CHSPE contact for the 2014–15 school year. (Please note: Accurate e-mail addresses are important since communications are distributed via e-mail. No personal e-mail addresses will be accepted.) I understand that if the CHSPE contact leaves during the school year, I will need to designate a replacement and provide his/her contact information.							
District Contact Name:							
Title:							
Mailing Address:							
City:			State: Zip		Zip:		
E-mail Address:					•		
Phone:	Ext:	Fax	:				



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Dependent Charter Information

If you are responsible for the coordination of testing at one or more charter schools in your district, you must send this page along with your CHSPE Contact Designation Form to:

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Phone: 408-776-7646 Fax: 408-776-7696

E-mail: Sharon@eddata.com

Please list (or attach a list of) all charter schools for whom you maintain testing records.

Charter School Name	School Code	Charter Number